Health Information Technology Commission
Minutes

Date: Thursday, June 16, 2011
      1 – 4:00pm

Location: MDCH
1st floor Capital View Bldg
Conference Room B&C
201 Townsend Street
Lansing, Michigan 48913

Commissioners Present:
Greg Forzley, M.D. – Chair
R. Taylor Scott, D.O
Olga Dazzo
Kimberly Ross – Jessup
David Behen
Joseph Hohner
Toshiki Masaki – Vice Chair
Mark Notman
Robert Paul
Dennis Swan

Commissioners Absent:
Robin Cole
Tom Lauzon
Larry Wagenknecht, R.Ph.

Staff:
Beth Nagel – MDCH

Guests:
Tom Stevenson, DO – Covisint
Jim Gartung – MPHI
Sutina Orelli – MPHI
Jason Werner – MDCH
Christine Fend – Covisint
Jeslie Jacob – MPHI
Alicia Simmer – Altarum
Lisa Burke – Altarum
Helen Hill – HFHS
Melissa Cuppa – Weiner Assoc.
Virginia Gibson – MSMS
Tim Pletcher – MiHIN

Paul Groll – DTMB
Rebecca Blake – MSMS
Sue Hashisaka – Beacon
Chuck Bonner – AT&T
Carol Hall – Macomb
Nancy Walker
Mindy Richards
John Hazewinkel – MSU
Deb Mosher - CARHIO

Minutes: The regular monthly meeting of the Michigan Health Information Technology Commission was held on Thursday, June 16, 2011 at the Michigan Department of Community Health with ten Commissioners present including the Chair.

A. Welcome

B. Review and Approval of 4-21-11 meeting minutes
- Minutes of the 4-21-11 meeting were approved with the notification of a typographical error that is to be fixed and will be posted to the HIT Commission website following this meeting.

C. Commissioner Updates
- Commission Chair Greg Forzley, M.D. updated the Commission that the Michigan State Medical Society had a Health IT Symposium earlier in June.

D. MiHIN Shared Services Update
1. <u>Introduction of New Executive Director:</u> Commissioner Joe Hohner introduced Tim Pletcher, the new Executive Director of the MiHIN Shared Services.
2. <u>Progress in May & June of 2011</u>**:** Tim Pletcher updated the Commission on the activities of the MiHIN Shared Services in the last two months including the vendor selection process that is currently underway and the contracting for administrative services.
3. <u>Forecast of Activities in July & August of 2011</u>**:** Pletcher forecasted activities for the upcoming months including the sub-state HIE funding, which will soon be posted at mihin.org, and a site visit from the Office of the National Coordinator for HIT.
   - Commissioners welcomed Pletcher and urged the MiHIN Shared Services to keep making positive, proactive progress.
4. <u>Discussion on Success Measures for the ONC:</u> Beth Nagel reviewed the short-term process measures that have been approved by the ONC for the State HIE Cooperative Agreement. Nagel discussed that the HIT Commission could adopt more long-term measures that may be able to illustrate the impact of health information technologies in Michigan.
   - The Commission discussed the need to align success measures with the MiHIN vision and goals.
   - Commissioners identified multiple metrics that are already routinely measured through other statewide and nationwide initiatives that could be leveraged as opposed to creating new metrics and methods of measurement.
   - Commissioners discussed the opportunity to create a sub-committee to gather the measures that are currently collected.
   - Commissioners emphasized simple, measurable metrics that are aimed broadly.
   - **COMMISSION ACTION:** The Michigan HIT Commission resolves to create a sub-committee that is focused on long-term measures of the impact of health information technology. The sub-committee should focus on leveraging existing efforts that measure the broad impact of cost, quality and access. The sub-committee should convene and gather

information within the next 90 days. The motion passed with zero abstentions.

E. M-CEITA Stakeholder Input Update & Program Progress
1. Program Progress Update: Lisa Burke and Alicia Simmer of Altarum provided the Commission with a update of M-CEITA's progress, activities and finances. The presenters showed illustrations of the work M-CEITA is doing all over the state in a variety of provider settings.
2. Provider Feedback Survey : Burke and Simmer showed the results from an M-CEITA provider feedback survey that was conducted in February 2011. A follow up survey is planned for August 2011. The results were generally positive and showed that the area to work on is in the EHR selection process.
    - Commissioner recommended that a the response rate of the survey could be better if the follow up surveys are sent out to providers offices and are then accompanied by phone calls and in person discussions.
    - Commissioners asked that the future progress reports from M-CEITA show more detail on the financials of M-CEITA. Specifically, the Commission asked to see an overview of types of activities or purchases from the funding in the two categories of direct and core.
    - Commissioners asked for M-CEITA to specifically tell them how the Michigan HIT Commission can be helpful to the success of the program. Commissioners asked if they could be helpful in reaching out to providers and Burke and Simmer agreed to explore the possibilities.
3. Stakeholder Input Structure Refinement : Commission Forzley provided an overview of the refinement to a document describing the M-CEITA stakeholder input structure that the Commission conceptually approved at the previous meeting. Commissioner Forzley discussed changes to the document that included carefully defining scope of the workgroups and the line of communications to and from M-CEITA. Commissioner Forzley also announced that the Michigan State Medical Society has agreed to host the statewide stakeholder group, and that other groups could volunteer, as well. Commissioners discussed the details of the document and asked about the process for starting the groups.
    - **COMMISSION ACTION:** The Michigan HIT Commission resolves to adopt the M-CEITA stakeholder input structure as presented with the acknowledgement that this is a living document that can be revised as needed in the future. The motion passes with zero abstentions.

F. Medicaid EHR Incentive Program
1. Progress and Next Steps: Jason Werner from the Michigan Department of Community Health Medical Services Administration provided an update on the program progress and activities of the Medicaid Electronic Health Record Incentive Program. Werner updated the Commission that they payments to providers and hospitals will be made after the funding is successfully

appropriated in the Michigan Legislature. The process is moving forward and is expected to be completed by the end of June. Payments to eligible providers can start soon after the funding is fully appropriated. Payments to eligible hospitals are based on a funding formula that requires a few extra steps for the payments to be administered.

2. <u>Discussion on Outreach Strategies:</u> Werner described the current outreach efforts and noted that outreach will increase significantly once payments are being made.
   - Commissioners recommended that information about the number of providers that have signed up and have received payment in each county should be sent to the eligible providers in the area. County information should also be sent to each county executive to show how their providers are doing in applying for the incentives. Commissioners also suggested that trinkets like pens should be sent to providers and hospitals.

G. Public Input
   - Tim Pletcher suggested that the success measures for HIT in Michigan should be based on the triple aim – better care, better health, and lower costs.
   - Nancy Walker suggested that the HIT Commission hear from the HIT workforce community college initiatives.

H. Adjourn
   - Meeting Adjourned at 3:11 p.m.

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Michigan Health Information Technology Commission

June 16, 2011

MDCH

Slide 2

Agenda

A. **Welcome & Introductions**

B. **Review of 4-21-11 meeting minutes**

C. **Commissioner Updates**

D. **MiHIN Shared Services Update**

E. **M-CEITA Stakeholder Input Update & Program Progress**

F. **Medicaid EHR Incentive Program Update**

G. **Public Comment**

H. **Adjourn**

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MDCH

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MDCH

MiHIN Shared Services Update

Introduction of New Executive Director	--	Joe Hohner, Commissioner
Progress in May & June	--	Tim Pletcher, MiHIN
Forecast for July & August	--	Tim Pletcher, MiHIN
Discussion: Success Measures	--	Beth Nagel, MDCH

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MICHIGAN HEALTH INFORMATION NETWORK

HIT Commission Update June 2011

MiHIN
Michigan Health Information Network

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OVERVIEW

Mission

The Michigan Health Information Network (MiHIN) Shared Services is a public and private nonprofit collaboration dedicated to improving the healthcare experience, improving quality and decreasing cost for Michigan's people by supporting the statewide exchange of health information and making valuable data available at the point of care.

History

The MiHIN Shared Services was created in December 2010 to administer the technical and business operations of Michigan's State HIE Cooperative Agreement program created by the Office of the National Coordinator (ONC) for Health Information Technology.

Membership

The MiHIN Shared Services is a collaboration between Michigan's sub-state Health Information Exchanges (HIEs), Michigan's insurer community and the State of Michigan government.

ABOUT THE MICHIGAN HEALTH INFORMATION NETWORK

MiHIN
Michigan Health Information Network

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Overall Goal: *interoperable statewide health information exchange.*

MIHIN GOAL

MiHIN
Michigan Health Information Network

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<u>Near Term Milestone:</u> *Stage One meaningful use public health reporting.*

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Recent Activities	Completion Date
Approved Strategic & Operational Plans	December 2010
Implement governance structure	December 2010
Executive Director Search Completed	May 2011
Launch of the MiHIN website (www.mihin.org)	May 2011
Phase One RFP Released	May 2011
Contract for Administrative Services	June 2011
Solution Provider Proposals Received	June 2011

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June, July, & August Activities	
Qualified Sub-State HIE Funding Call	June 20th, 2011
In-kind Matching Totals	June 30th, 2011
Solution Provider Proposal review & Evaluation Period	July, 2011
Qualified Sub-State HIE Awards	July & August
ONC Site Visit	August 16-18th 2011
Target Date for Phase One RFP Contract Award	August 31st, 2011

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OVERVIEW QUALIFIED ORGANIZATION FUNDING

Purpose: The State HIE Cooperative agreement calls for funding for Michigan's qualified sub-state HIEs to thrive, expand and keep costs affordable for providers seeking meaningful use.

Milestone Based Payments: Each sub-state HIE will have the opportunity to submit one proposal for funding with a cap of $250,000. Based on the discretion of the MiHIN Board, a sub-state HIE can apply for a second award based on funding availability within the budget approved by the Office of the National Coordinator for HIT ("ONC")_ for sub-state HIEs. Milestones will be used to stage payments.

Eligibility: A sub-state HIE is considered eligible if it can demonstrate that it is working toward the criteria outlined in the approved MiHIN Shared Services Strategic Plan on pages 31 and 32 and is specifically named in the MiHIN Shared Services Strategic and Operational Plan Amendment posted at www.michigan.gov/mihin.

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info@MiHIN.ORG

See: WWW.MIHIN.ORG

MiHIN Shared Services Update

Discussion: Success Measures -- Beth Nagel, MDCH

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Success Measure for ONC

- **Background**
  - **Implementation Requirement for ONC**
    - Short Term Process Measures due in Feb 2011
    - Goal: Track progress in use of funding

  - **Long-term Success Measures for overall HIE outcomes need to be developed**
    - How should the overall success of HIE be measured?
    - How can MI demonstrate an improvement in care, cost, quality?

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Short-Term Process Measures

- **MiHIN Shared Services Deployment:**
  - % of sub-state HIEs connected to the MiHIN Shared Services

  - # of providers successfully meeting MU criteria for immunization through MiHIN

  - # of providers & hospitals successfully meeting MU criteria for syndromic & disease surveillance through MiHIN

  - % of prescriptions being e-prescribed in MI

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Short-Term Process Measures

- **Sub State HIEs:**
  - # of providers meeting HIE specific MU criteria by utilizing the following sub-state HIE services:
    - CCDs:
    - Structured Lab Results:

  - # of hospitals/health systems meeting HIE specific MU by utilizing the following sub-state HIE capabilties:
    - CCDs:
    - Structured Lab Results:

  - # of MI providers utilizing your sub-state HIEs services

  - # of reference and hospital laboratories connected to a sub-state HIE

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MiHIN Vision

- **MiHIN Vision:** foster development of HIE that will reduce the overall cost of care while at the same time increasing the quality of care and patient safety

  (Conduit to Care & Strategic & Operational Plans)

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MiHIN Goals

- MiHIN Goals:
  - Improve the quality and efficiency of health care delivery for Michigan citizens by accelerating the adoption and use of a collaborative model including HIT and HIE
    - Minimize redundant data capture and storage, inappropriate care, incomplete information and administrative, billing and data collection costs

  - Promote evidence-based medical care to improve patient safety and quality

  - Encourage patient-centered care: Connect health care providers – clinicians and facilities – to ensure continuity of care for every patient
    - Increase patient understanding and involvement in their care
    - Enhance communication between patients, health care organizations and clinicians

  (Conduit to Care & Strategic & Operational Plans)

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Questions For Discussion

- How can Michigan measure the progress of the vision & Goals?

- What metrics should be developed?

- How should the metrics be measured?

- Recommendations for further study?

M-CEITA Stakeholder Input Update & Program Progress

Program Progress Update	-- Lisa Burke & Alicia Simmer, Altarum
Provider Survey	-- Lisa Burke & Alicia Simmer, Altarum
Discussion: Stakeholder Input Structure	-- Greg Forzley, MD, Chair

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M-CEITA | MICHIGAN CENTER FOR EFFECTIVE IT ADOPTION

Michigan's Health IT Regional Extension Center: M-CEITA

Report to the Michigan Department of Community Health & Michigan Health Information Technology Commission

June 2011

Topics Covered

- **Milestones** – achieved for overall program
- **Finances** – reimbursements from ONC for overall program and for each subcontractor; accounting of all other funding sources including total received / remaining funds, and for individual subcontracts and purchase orders; provider payments for services
- **Current Activities, Key Decisions and Challenges** – major program deliverables, changes, and key decisions
- **Upcoming Activities**
- **Feedback on M-CEITA Services**
- **Provider Satisfaction Survey**

M-CEITA Practice Type and Location as of June 10, 2011

- M-CEITA is currently working with 2,125 providers across the state!

Type by Street Address
- Community Health Clinic
- Critical Access Hospital
- Other Setting
- Private Practice
- Rural Health Clinic

Biennial Evaluation

- Will be used to redistribute funds across RECs
- On relative performance through January 2012
- Measured against:
  - Progress toward milestones (grant credits),
  - Financial performance,
  - Compliance with reporting requirements,
  - Evaluations by other HITECH Grantees in MI, and
  - On-site Evaluation with Project Officer
- Milestone progress is measured against total goal not against Operations Plan!
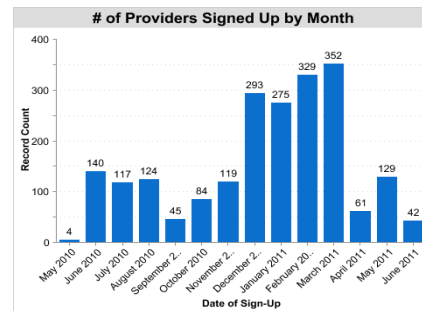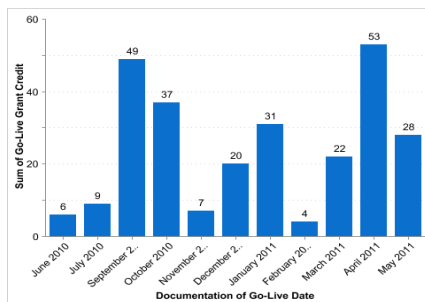
PPCPs Signed Up by REC
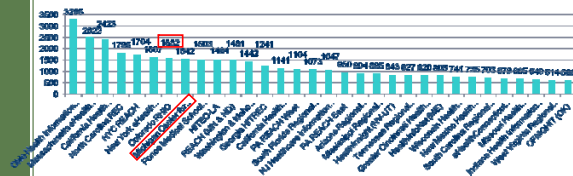
- End of Grant Year 1, M-CEITA was #8 in the nation in PPCP recruitment!

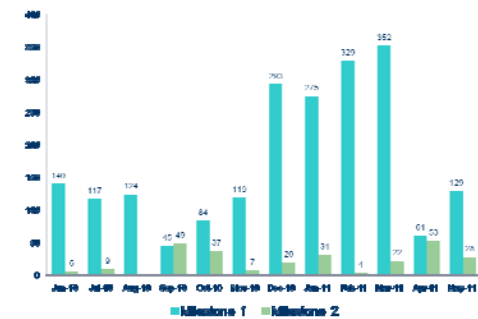## M-CEITA Provider Statistics – Milestone 1

# of Providers Signed Up by Month

Milestone 1 = Provider sign up

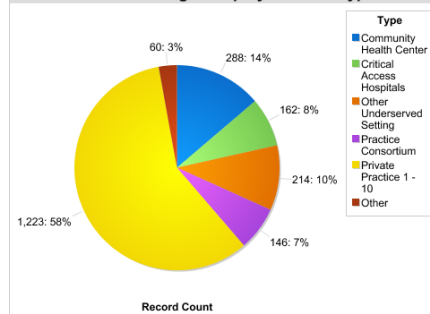## M-CEITA Provider Statistics – Milestone 2

Milestone 2 = Going live on an EHR or modular bundle with active quality reporting and e-prescribing.

Milestone 1 and Milestone 2 month by month

M-CEITA Provider Statistics

# of PPCPs Signed Up by Practice Type

Type:
- Community Health Center
- Critical Access Hospitals
- Other Underserved Setting
- Practice Consortium
- Private Practice 1 - 10
- Other

60: 3%
288: 14%
162: 8%
214: 10%
146: 7%
1,223: 58%

Record Count

M-CEITA Provider Statistics

PPCPs Signed up by Specialty

- Adolescent Medicine
- Family Practice
- General Practice
- Geriatrics
- Gynecology
- Internal Medicine
- OB-GYN
- Other
- Pediatrics

0%, 2%, 7%, 14%, 50%, 23%, 1%, 0%, 3%
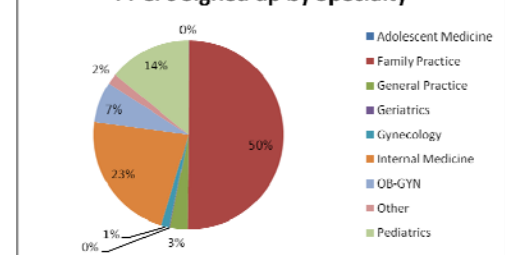
Current Finances

• Through April 2011

Core Funding – 2 year Budget
Total value: $1,500,000

Total expended:	$	905,117
Total remaining:	$	594,883

	Incurred	
Altarum	$	859,194
MCRH	$	29,924
MAFP	$	16,000

Direct Funding – 4 year Budget
Total value: $18,551,990 *(includes $432,000 CAH supplement)*

Total expended:	$	3,187,982
Total remaining:	$	4,530,088

	Incurred	
Altarum	$	2,352,675
MPRO	$	416,681
MPHI	$	279,587
UPHCN	$	139,039

Current Finances, cont.

• Through April 2011

Kresge Grant
Total value: $1,000,000

Total expended:	$	833,464
Total remaining:	$	166,536

	Incurred	
Altarum	$	331,440
MPRO	$	246,851
MPHI	$	249,928
Dennis Paradis	$	5,246

Provider Sign Up

Fees received:	$	159,525

Match

Total committed:	$	3,383,629	
Total incurred:	$	1,343,751	

	Committed		Incurred
Altarum	$	1,309,026 $	421,821
MPRO	$	274,088 $	21,926
MPHI	$	253,866 $	16,255
UPHCN	$	296,649	TBD
BCBSM	$	250,000 $	237,015
Kresge	$	1,000,000 $	833,464

Current Activities

- Outreach & Education
  - Newsletter, web site updated, in-person meetings - ongoing, conferences / presentations - ongoing
    - Continuous quality improvement
- Recruitment
  - Provider recruitment and partnerships still critical for program success; currently M-CEITA is at 55% of total goal
    - New strategic partnerships being rolled out – MAG, MAFP; non-affiliated provider recruitment
- Vendor Selection
  - In negotiations with vendors on M-CEITA discounts, SLAs, and improved contract options; refining vendor selection tools used in the field for simplification and to better reflect regional offerings
  - Vendor fair planned for summer 2011

Current Activities, cont.

- Field tools are live, with continuous improvement enhancements underway

- Strategic partnerships with subject matter experts; HIPPA

- Staff realignment to focus on service delivery; increased M2 achievement
  - Recent staff changes/departures
    - Kimberly Lynch (to become the national director of the REC program for ONC)
    - Mazhar Shaik
  - Recent new hires focused on provider office service delivery

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Key Decisions and Challenges

- Independent provider strategies
  - MAG / MAFP non-affiliated providers recruitment
- Medicaid Health Plan proposal; Engaging underserved providers
  - Coordination with MDCH and health plans
- Medicaid EHR Incentive Program funding – Feedback from the field:
- Lack of appropriated funds in Michigan is causing financial challenges for many providers
- Concerns regarding the future of the program
- Lack of available information
- National legislation movement towards possibly qualifying Mental Health providers for REC services
- The ONC HIT Policy Committee has recommended to delay the requirements for the next stage of Meaningful Use by one year to 2014 for providers who attest to Stage 1 in 2011.

Upcoming Key Activities

- Additional strategic partnerships to accelerate recruiting / Milestone achievement
- ONC providing REC-wide Project Management Tool
- Active focus on working through provider organizations to target PCMH nominated and designated providers, who often have significant IT adoption and are motivated to participate in incentive programs.
- Workforce
  - Preliminary draft for training and internship opportunities for Community College HIT program students/graduates
  - Targeting next internships for summer 2012

Stories from the Field: Solo Practitioner

Westside PO: Edwin DeLange, DO (MPRO)

Dr. DeLange is a solo practitioner, utilizing Athena Health's complete product (EPM, EHR, billing company component) for the last year. He attended the Athena user group meeting in Boston in April and is feeling very confident post meeting that he is on the right track for both improving the quality of care for his patients and achieving efficiency in his practice.

Dr. DeLange has completed a Current State Assessment as well as a Meaningful Use Audit and Gap Analysis. In terms of Meaningful Use, he only has two measures he is working on -- the patient summary document and the security evaluation. M-CEITA is providing guidance and recommendations in order for the practice to achieve these measures. The remainder of the measures have been met successfully using his EHR.

He is happy to talk to providers that would like to hear about his experience in implementing his EHR.

Stories from the Field: Pediatrics

Mackinaw Trail Pediatrics: Pediatric group hails progress thanks to availability of M-CEITA services through CIPA/MAG partnership (MPHI)

A rural pediatric practice was struggling with the Medicaid registration process and was unable to seek M-CEITA services due to financial constraints. When the group found out that services were available due to the CIPA/MAG partnership with M-CEITA, they were eager to lean on the guidance of M-CEITA to successfully register all of their providers in the Medicaid incentive program. They are very grateful for the joint efforts that afforded this opportunity toward their success. The practice is now on track to receive their first year reimbursement with their certified EHR product.

Stories from the Field: Community Hospital

Sheridan Community Hospital (Altarum)

Sheridan Community Hospital's ambulatory practices had originally decided not to pursue the EHR incentive program. This group of practices had already invested a significant amount of time and energy in Wellcentive and DrFirst – more technology seemed too big of a hurdle.

At the MCRH conference in April, Sheridan's leaders heard an M-CEITA presentation about how to pursue Meaningful Use through the modular approach. This opened the door for continuing discussions, and now Sheridan Community Hospital's ambulatory practices are partnering with M-CEITA to qualify and attest for the Meaningful Use program.

Stories from the Field: FQHCs

Alcona Health Center (MPHI)

MCEITA has assisted them in the registration process helping them to be one of the first FQHC's in the state to get fully registered for the Medicaid incentives. We have been working side by side to work out inefficiencies they have discovered and are currently setting the path for Meaningful Use to be reached this fall.

Health Specialists of Lenawee (Altarum)

Health Specialists of Lenawee is an FQHC serving an underserved population of Lenawee. This well-led and technically savvy group decided to work with M-CEITA when they learned of the opportunity through LPHO. They were extremely interested in the Meaningful Use incentive program, and the M-CEITA team's expertise in Meaningful Use criteria has led this practice to a strong pathway towards successful Medicare and Medicaid attestation for the 6 physicians in the group.

Stories from the Field: PCMH and MU

Bayview Family Practice & Baraga County Medical Practice (PCMH Nominee - UPHCN)

- 6 provider practice
- 13,000+ annual patient visits
- CPSI for EHR, Practice Management and e-prescribing
- Bi-directional interface to hospital laboratory system

Our engagement with Bayview Family Practice & Baraga County Medical Practice began with a gap analysis of their current implementation of CPSI and Meaningful Use/PCMH EHR related standards. The practices were not on the ONC-ATCB certified version of CPSI, so the project plan for this practice included upgrading to the certified version and implementing the workflow changes necessary to incorporate the MU and PCMH EHR related measures. M-CEITA is currently working with the practice on implementing Cielo as their patient registry as part of our gap analysis identified several deficiencies in the patient registry functionality of CPSI. Part of this process has involved eliminating duplicative efforts and streamlining the use of Cielo with their EHR.

Provider Satisfaction Survey

- 15-question satisfaction survey sent out in February
- Sent to all M-CETIA practices we had an email for and had begun receiving services (144)
- Positives:
  - 86% reported gave highest rating to overall satisfaction with M-CEITA services and 94% rated M-CEITA staff as "Very Responsive"
- Areas to work on:
  - EHR selection process
- Obviously, this was done early in the program but the message in February from most providers was, "So far, so good!"
- Follow-up survey planned for August 2011

Survey Results

8. Overall, how satisfied are you with M-CEITA services to your practice?

	Response Percent	Response Count
Very satisfied	86.5%	32
Somewhat satisfied	8.1%	3
Somewhat unsatisfied	5.4%	2
Not at all satisfied	0.0%	0
	Comments	6
	answered question	37
	skipped question	0

Survey Results

9. SELECTION SATISFACTION: How satisfied is your practice with M-CEITA's assistance toward the selection of an EHR?

	Response Percent	Response Count
Very satisfied	42.4%	14
Somewhat satisfied	15.2%	5
Somewhat unsatisfied	3.0%	1
Very unsatisfied	3.0%	1
Not applicable: we already had an EHR	36.4%	12
	Comments	7
	answered question	33
	skipped question	4

Sample Results

13. Please rate your practice's level of satisfaction with the M-CEITA staff in the following areas.

	Very satisfied	Somewhat satisfied	Somewhat unsatisfied	Not at all satisfied	Not applicable	Response Count
Understanding of our needs	81.1% (30)	13.5% (5)	2.7% (1)	0.0% (0)	2.7% (1)	37
Knowledge of Meaningful Use	81.1% (30)	16.2% (6)	0.0% (0)	0.0% (0)	2.7% (1)	37
					Comments	1
					answered question	37
					skipped question	0

Survey Results

14. Based on your overall experience, please rate your satisfaction with M-CEITA in the following areas:

	Very satisfied	Somewhat satisfied	Somewhat unsatisfied	Not at all satisfied	Not applicable
Effectiveness of services	80.6% (29)	16.7% (6)	0.0% (0)	0.0% (0)	2.8% (1)
Understanding of EHR incentive programs	85.7% (30)	8.6% (3)	2.9% (1)	0.0% (0)	2.9% (1)
Understanding of relevant Federal regulations	77.8% (28)	13.9% (5)	2.8% (1)	0.0% (0)	5.6% (2)
Understanding of vendor/EHR products	74.3% (26)	11.4% (4)	2.9% (1)	0.0% (0)	11.4% (4)

M-CEITA Provider Satisfaction Survey Comments

- "Very knowledgeable and professional"
- "Friendly, informative and helpful"
- "Very good guidance and reassurance that EMR can be implemented with success."
- "Our experience has been very positive. All of my providers have been very impressed."
- "The tools we were provided to assist us in what to ask a EHR vendor was very helpful."
- "We are still in the evaluation stage, but considering the service we have already received, I expect to be very satisfied."
- "There are so many EHR products out there. We would not have known where to start our search if it wasn't for the help of M-CEITA. We're very grateful for the assistance."

Medicaid EHR Incentive Program Update

Progress & Next Steps   --   Jason Werner, MDCH

Discussion: Provider Outreach Strategies   --   Jason Werner, MDCH

Michigan Medicaid EHR Incentive Program Update
June 16, 2011

Jason Werner, Analyst
Office of Medicaid Health Information Technology

Medicaid EHR
INCENTIVE PROGRAM

SMHP and I-APD Approval!

- State Medicaid Health Information Technology Plan (SMHP) approved by CMS
- Implementation Advanced Planning Document (I-APD) conditionally approved by CMS for funding
- Pending funding mechanism from State for administrative match

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Federal Registration

- Live on January 3, 2011 for professionals and hospitals to register for the Medicaid EHR Incentive Program
- 548 MI Medicaid professionals registered
- 47 MI Medicaid hospitals registered
- $68 M in potential payments in FY 11 based on current registration

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State Registration

- Michigan's on-line registration and attestation system went live Jan 21, 2011
- 200 providers completed state level registration

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Registration Requirements

- Reporting Period
- Eligible Patient Volume
- Certified EHR technology
- Adopt/Implement/Upgrade
  - No Meaningful Use until year 2

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Incentive Payment for Eligible Professionals

Calendar Year	First Calendar Year in which the EP receives an Incentive Payment					
	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
2011	$21,250					
2012	$8,500	$21,250				
2013	$8,500	$8,500	$21,250			
2014	$8,500	$8,500	$8,500	$21,250		
2015	$8,500	$8,500	$8,500	$8,500	$21,250	
2016	$8,500	$8,500	$8,500	$8,500	$8,500	$21,250
2017		$8,500	$8,500	$8,500	$8,500	$8,500
2018			$8,500	$8,500	$8,500	$8,500
2019				$8,500	$8,500	$8,500
2020					$8,500	$8,500
2021						$8,500
Total	$63,750	$63,750	$63,750	$63,750	$63,750	$63,750

Incentive Payment for Eligible Hospitals

- Most hospitals should see total payments between $1- $3 Million
- Hospital payments made over 3 years
- Year 1 – 50%, Year 2 – 40%, Year 3 – 10%

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Medicaid Participation Estimates

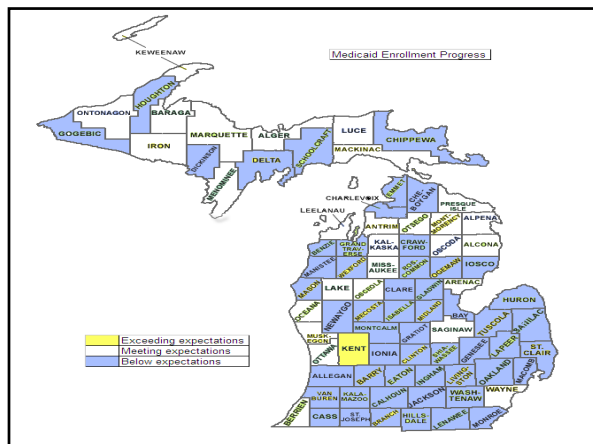|	EP	EH
FY 11	300	35
FY 12	500	45
FY 13	500	25
FY 14	500	15
FY 15	500	10
Totals	2,300	130

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FYI…Medicare Incentive Program

- 1,700 MI Medicare providers applied
- 3 MI Medicare Hospitals and 8 Medicare EPs paid to date representing nearly $11M in incentive payments
- CMS administers Medicare program

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Medicaid Enrollment Progress

Exceeding expectations
Meeting expectations
Below expectations
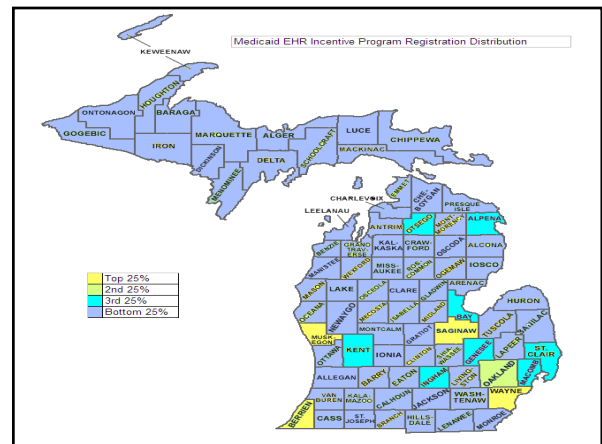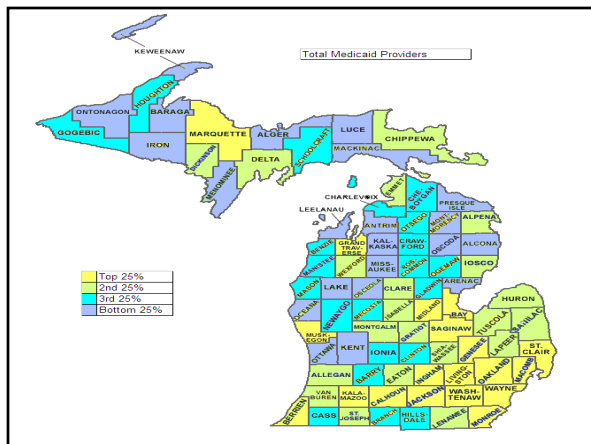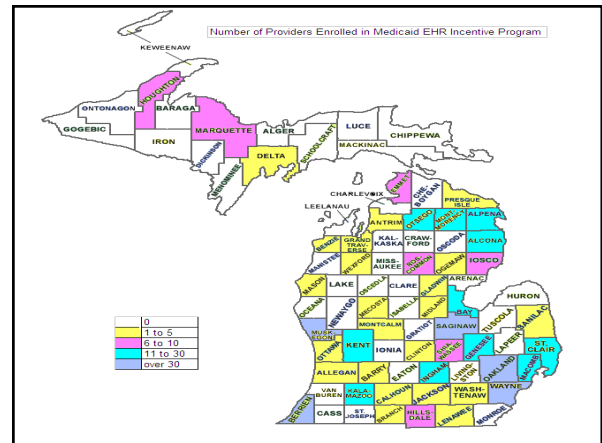
M-CEITA Affiliation

- 272 Providers have M-CEITA affiliation that have applied for the Medicaid EHR Incentive program
- 303 Providers have M-CEITA affiliation that have applied for the Medicare EHR Incentive program

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Nation-Wide Payments

	EP	EH
Medicaid	$31.7	$4.4
Medicare	$4.9	$2.2
Dual	-	$148.0

Amounts in Millions

- States that made payments under Medicaid:
  - Alaska, Iowa, Kentucky, Louisiana, North Carolina, Oklahoma, South Carolina, Texas.

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Outreach Strategies

- Current Activities
  - Association Meetings
  - Medical/Mental Health Committies
  - Medicaid Health Plan meeting
  - CHAMPS outreach
  - Tribal Medical Director's Meeting

- Strategy recommendations from HIT Commission?

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Website

- www.MichiganHealthIT.org
- Informational material posted such as:
  - Program Policy
  - EP Registration Guide
  - Eligibility Worksheet

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Questions?

www.MichiganHealthIT.org

G. Public Comment

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H. Adjourn

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